

What is incest?

According to Susan Forward, in the book *Betrayal of Innocence*, incest is any overtly sexual contact between people who are either closely related or perceive themselves to be closely related (including step-parents, step-siblings, and even live-in lovers if they have assumed a parental role). If the special trust that exists between a child and a parent figure or sibling is violated by a sexual act, that act becomes incestuous..."

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"The case against abortion of incest pregnancies is even stronger. Studies show that incest victims rarely ever voluntarily agree to an abortion. 4 Instead of viewing the pregnancy as unwanted, the incest victim is more likely to see the pregnancy as a way out of the incestuous relationship because the birth of her child will expose the sexual activity.

She is also likely to see in her pregnancy the hope of bearing a child with whom she can establish a true loving relationship, one far different than the exploitive relationship in which she has been trapped.

But while the incest victim may treasure her pregnancy because it offers her hope of release, and the hope of finding a nurturing love, her pregnancy is a threat to the exploiter. It is also a threat to the pathological secrecy which may envelop other members of the family who are afraid to acknowledge that the abuse is occurring. Because of this dual threat, the victim may be coerced into an unwanted abortion by both the abuser and other family members.

For example, Edith Young, a 12-year-old victim of incest impregnated by her stepfather, writes twenty-five years after the abortion of her child: "Throughout the years I have been depressed, suicidal, furious, outraged, lonely, and have felt a sense of loss..."

The abortion which was to 'be in my best interest' just has not been. As far as I can tell, it only 'saved their reputations,' 'solved their problems,' and 'allowed their lives to go merrily on.'... My daughter, how I miss her so. I miss her regardless of the reason for her conception."

References

1. Mahkorn, "Pregnancy and Sexual Assault," *The Psychological Aspects of Abortion*, eds. Mall & Watts, (Washington, D.C., University Publications of America, 1979) 55-69.
2. Francke, *The Ambivalence of Abortion* (New York: Random House, 1978) 84-95, 167.; Reardon, *Aborted Women - Silent No More* (Chicago: Loyola University Press, 1987), 51, 126.
3. Zakus, "Adolescent Abortion Option," *Social Work in Health Care*, 12(4):87 (1987).
4. Maloof, "The Consequences of Incest: Giving and Taking Life" *The Psychological Aspects of Abortion* (eds. Mall & Watts, Washington, D.C., University Publications of America, 1979) 84-85.

Interesting observation:

But, before making this decision, remember that most of the trauma has already occurred, she has been raped. That trauma will live with her all her life. Furthermore, this girl did not report for help,

but kept this to herself. For several weeks or months, she has thought of little else. Now, she has finally asked for help, has shared her upset, and should be in a supportive situation.

Would she ultimately be more mature and more at peace with herself if she could remember that, even though she became pregnant unwillingly, she nevertheless solved her problem by being unselfish, by giving of herself and of her love to an innocent baby, who had not asked to be created, to deliver, perhaps to place for adoption, if she decides that is what is best for her baby?

"In the majority of these cases, the pregnant victim's problems stem more from the trauma of rape than from the pregnancy itself."

Mahkorn & Dolan, "Sexual Assault & Pregnancy." In *New Perspectives on Human Abortion*, University Publishers of Amer., 1981, pp. 182-199

As to what factors make it most difficult to continue her pregnancy, the opinions, attitudes, and beliefs of others were most frequently cited; in other words, how her loved ones treated her.

Mahkorn, "Pregnancy & Sexual Assault." In *Psychological Aspects of Abortion*, University Publishers of Amer., 1979, pp. 53-72

What of incest?

How does the incest victim feel about being pregnant?

*Most incestuous pregnancies, if not pressured, will not get abortions.

"As socially inappropriate as incest and incestuous pregnancies are, their harmful effects depend largely upon reaction of others."

ibid, Maloof, p. 100

It is also unusual for wisdom to dictate anything but adoptive placement of the baby.

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Teenage abortions have more complications than those done on older women.
Teenage deliveries are as safe as, and perhaps safer, than deliveries done on older women:

If abortion is chosen, risks are higher for a younger patient, especially aged 12 or 13:

Perforation of the uterus:

"One sequel to abortion can be a killer. This is pelvic abscess, almost always from a perforation of the uterus and sometimes also of the bowel," said two professors from UCLA, in reporting on four such cases.

C. Gassner & C. Ballard, Amer. Jour. OB/GYN, vol. 48, p. 716 (as reported in Emerg. Med. After Abortion-Abscess, vol. 19, no. 4, Apr. 1977

Can infection cause damage?

Infection in the womb and tubes often does permanent damage. The Fallopian tube is a fragile organ, a very tiny bore tube. If infection injures it, it often seals shut. The typical infection involving these organs is pelvic inflammatory disease (PID).

"Pelvic Inflammatory Disease (PID) is difficult to manage and often leads to infertility, even with prompt treatment . . . Approximately 10% of women will develop tubal adhesions leading to infertility after one episode of PID, 30% after two episodes, and more than 60% after three episodes."

M. Spence, "PID: Detection & Treatment," Sexually Transmitted Disease Bulletin, John Hopkins Univ., vol. 3, no. 1, Feb. 1983

Another study revealed a 17% incidence of post-abortal Chlamydia infection. Barbacci et al., "Post Abortal Endometritis and Chlamydia," OB & GYN, 68:686, 1986.

In a classic English study at a university hospital which reported on four years' experience, "there was a 27% complication rate from infection."

J.A. Stallworthy et al., "Legal Abortion: A Critical Assessment of its Risks," The Lancet, Dec. 4, 1971

Embolism:

Embolism (floating objects in the blood that go to the lungs) is another problem. Childbirth is a normal process, and the body is well prepared for the birth of the child and the separation and expulsion of the placenta. Surgical abortion is an abnormal process, and slices the unripe placenta from the wall of the uterus into which its roots have grown. This sometimes causes the fluid around the baby, or other pieces of tissue or blood clots, to be forced into the mother's circulation. These then travel to her lungs, causing damage and occasional death.

For instance, pulmonary thromboembolism (blood clots to the lungs) was the cause of eight mothers dying from abortions, as reported to the U.S. Center for Disease Control. W. Cates et al., Amer. Jour. OB/GYN, vol. 132, p. 169

And this can occur in those as young as 14 years old.
Pediatrics, vol. 68, no. 4, Oct. 1971

Tubal pregnancy increased 30% after one abortion and 160% after two or more abortions.

Am. J. Public Health, 72:253-6, 1982

Deaths from second and third trimester abortions (40-50 per 100,000).

Lanska et al., "Mortality from Abortion & Childbirth," JAMA, vol. 250, no. 3, July 15, 1983, pp. 361-362.

"Physical and emotional damage from abortion is greater in a

young girl. Adolescent abortion candidates differ from their sexually mature counterparts, and these differences contribute to high morbidity." They have immature cervixes and "run the risk of a difficult, potentially traumatic dilatation." The use of laminaria "in no way mitigates our present concern over the problems of abortion."

C. Cowell, Problems of Adolescent Abortion, Ortho
Panel 14, Toronto General Hospital

"The younger the patient, the greater the gestation (age of the unborn), the higher the complication rate. . . . Some of the most catastrophic complications occur in teenagers."

Females between 14 and 17 who have one abortion, have a 30% chance of becoming permanently sterile!

But pregnancy for teenagers has higher risks, too! ***

That is incorrect. Earlier opinion had taught this. In recent years, however, it has been shown that teenage mothers have no more risks during pregnancy and labor, and their babies fare just as well as their more mature sisters' babies, if they have had good prenatal care.

"We have found that teenage mothers, given proper care, have the least complications in childbirth. The younger the mother, the better the birth. [If there are more problems,] society makes it so, not biology."

B. Sutton-Smith, Jour. of Youth and Adolescence.
As reported in the New York Times, April 24, 1979

"No relationship between mother's physical growth and maturation and adverse pregnancy course or outcome was demonstrated.

Sukanich et al., "Physical Maturity
and Pregnancy Outcome Under 16 Years,"
Pediatrics, vol. 78, no. 1, July 1986, p. 31

Dr. Jerome Johnson of John Hopkins University, and Dr. Felix Heald, Professor of Pediatrics, University of Maryland, agree that the fact that teenage mothers often have low birth weight babies is not due to "a pregnant teen-ager's biologic destiny."

They pointed to the fact that the cause for this almost invariably is due to the lack of adequate prenatal care. "With optimal care, the outcome of an adolescent pregnancy can be as successful as the outcome of a non-adolescent pregnancy."

Family Practice News, Dec. 15, 1975

"The overall incidence of pregnancy complications among adolescents 16 years and younger is similar to that reported for older women."

E. Hopkins, "Pregnancy Complications

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What is viability?

It is that stage of fetal development when the baby is "potentially able to live outside the mother's womb [that is, can survive], albeit with artificial help."

Roe vs. Wade, U.S. Supreme Court, 1973, p. 45

Why was viability at 30 weeks? Why is it now at 20 weeks? Why will it be ten weeks someday?

The babies haven't changed. What has changed has been the development of better life support systems around the baby. The doctors and nurses of today have more knowledge, and their equipment is far more advanced.

Viability is a measure of the sophistication of the life support systems around the baby; it does not measure the humanness or aliveness of the baby himself or herself. The age of a premature baby at birth is measured by age from first day of last menstrual period (LMP). Weight is also a measure when the dates are uncertain, a 20- to 22-week-old baby has an average weight of 500-600 gm (1 lb., 2 oz. to 1 lb., 5 oz.) with "normals" varying from 400 to 700 gm (14 oz. to 1 lb., 9 oz.). There are also other maturation factors that are used.

With the widespread establishment of premature intensive care units, the age of survival has dropped dramatically. For example, in 1950, it was rare for a baby to survive if born at 30 weeks (A full-term pregnancy is 40 weeks). Today, survivability has occurred in infants born as early as 20 weeks premature. Tomorrow, babies born even more prematurely will survive.

Survival rate is a measure of the percentage of chance for survival at a particular age. The younger the baby, the lower the rate.

At the Bristol Maternity Hospital, England, in 1980, 29% of liveborn babies of 22-27 weeks gestation survived. In 1982, it was 43%. In 1984, it rose to 72%.

P.M. Dunn, PreTerm Labour and its Consequences, Royal Col. OB-GYN,
Feb. 1985

Fetal Pain: {Also, knowledge of this can cause further distress to the patient}
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We state categorically that no finding of modern fetology invalidates the remarkable conclusion drawn after a lifetime of research by the late Professor Arnold Gesell of Yale University. In *The Embryology of Behavior: The Beginnings of the Human Mind* (1945, Harper Bros.), Dr. Gesell wrote, "and so by the close of the first trimester the fetus is a sentient, moving being. We need not speculate as to the nature of his psychic attributes, but we may assert that the organization of his psychosomatic self is well under way."

The first detectable brain activity in response to noxious (pain) stimuli occurs in the thalamus between the ninth and tenth weeks.

Reinis & Goldman, *The Development of the Brain*, Thomas Publishers, 1980,
pp. 223-235

Cutaneous sensory receptors appear in the perioral area in the seventh week of gestation.

Anand et al., "Pain and Its Effects on the Human Fetus," *N. Eng. J. Med.*, vol. 317, no. 21, p. 1322, Nov. 19, 1987

"By 13 weeks, organic response to noxious stimuli occurs at all levels of the nervous system, from the pain receptors to the thalamus. Thus, at that point, the fetal organic response to pain is more than a reflexive response. It is an integrated physiological attempt to avert the noxious stimuli."

Wm. Matviuw, M.D., Diplomate, Amer. College of OB & GYN

"Lip tactile response may be evoked by the end of the 7th week. At 11 weeks, the face and all parts of the upper and lower extremities are sensitive to touch. By 13.5 to 14 weeks, the entire body surface, except for the back and the top of the head, are sensitive to pain."

S. Reinis & J. Goldman, *The Development of the Brain*

"The fetus needs to be heavily sedated. The changes in heart rate and increase in movement suggest that these stimuli are painful for the fetus. Certainly it cannot be comfortable for the fetus to have a scalp electrode implanted on his skin, to have blood taken from the scalp or to suffer the skull compression that may occur even with spontaneous delivery. It is hardly surprising that infants delivered by difficult forceps extraction act as if they have a severe headache."

Valman & Pearson, "What the Fetus Feels," *British Med. Jour.*, Jan. 26, 1980

"As early as eight to ten weeks gestation, and definitely by thirteen and a half weeks, the human fetus experiences organic pain."
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V. Collins, M.D., Diplomate and Fellow, Amer. Board of Anesthesiologists
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Abortion for Rape: Destruction of the Child

1.The child conceived in rape is one of us, merely smaller and less developed and more dependent, and not in full view, but equally a person. Killing her is wrong, just as killing any child is wrong. We must remember that the child is absolutely innocent of the crime of her father. She is not a part of her mother's body, and she is not a part of her father's character. She inherits character traits from both her parents, but in her individual being as a person, she is absolutely distinct from both of them. Even the character traits that are received from a parent are now her own traits. The child is totally her own person. She is not responsible for the crime that led to her conception, and she is untainted by it.¹ Seeing her in these negative ways is sheer prejudice, not based on reality, but at odds with it.

2.Rape is horrible beyond words. So is abortion. Abortion means killing a child in ghastly ways that probably cause terrible pain. Abortion for rape is wrong because it adds a second horror to the first: the murder of an innocent child.

3.If abortion for a child conceived in loving intercourse is murder, it is still murder when the child is conceived in other forms of intercourse, as in rape. The form of intercourse, whether voluntary or forced, has no bearing on the dignity and preciousness of the child conceived. And it has no bearing on the question of whether abortion is murder. Abortion is murder because of what it does to its victim, the innocent child, regardless of how she was conceived.

4.We all identify with the woman. We must do the same for the child. We must identify with her, picture her in our minds and have compassion for her. We will then say, "Do not kill this child! Spare her the agonizing death of dismemberment or burning of her skin."

5.We may never do evil to achieve good. Denying a woman an abortion for rape is not a denial of the woman and of concern for her. It is a refusal to do evil. We could never kill the woman in attempting to benefit someone else in a way that is comparable to the alleged benefit for the woman expected of an abortion. If we cannot kill the woman to achieve an expected good, we cannot kill the child for a similar purpose either. There must be full and equal concern for both woman and child.

6.A specific application of this principle is that we may never kill innocent person B to save person A. We cannot kill John by removing a vital organ in order to save Mary, who needs it. This is not a lack of compassion for Mary, it is the refusal to commit murder, even for a good cause. John has a right not to be killed to benefit Mary, even to save her life. Mary has the same right. We could not kill the woman to benefit the child. Equally, we cannot kill the child to benefit the woman.

7.As a general principle, it is wrong to force a person to do something he has no duty to do.²

The wrongness of kidnapping is, in part, that person A forces person B to come with him, something which B has no duty to do. A slaveowner forces a slave to work for him, something that the latter has no duty to do. In contrast, a motorist has a duty to stop when so ordered by a police officer, who therefore does no wrong in ordering him to do so.

An especially important application of this principle, which we may call the No Duty-Non Forcing Principle, is this: You have no duty to lay down your life to save another, still less to benefit her in some lesser way. Therefore, it would be wrong for anyone to force you to do so. Exactly the same applies to the child in the womb. She too has no duty to give up her life for another, including her mother. Therefore, it would be wrong to force her to do so by killing her. That she was conceived in violent intercourse changes nothing with regard to her being as a person, and her rights as a person - including her right not to be forced to die to benefit someone else.

Our two principles - full and equal concern for both mother and child, and that we may not do wrong to one in order to benefit the other - lead to some further points.

8.The moral judgment called for here - that abortion is wrong because it is wrong to commit murder to alleviate suffering - is basically a positive one for the child, not a negative one against the woman. It is made to protect the child, that she not be the victim of a second violence. It is not made to restrict the woman; it merely expresses the obligation to respect the child as a person.

9.The question of abortion is often presented as a conflict of rights: Whose rights are to prevail, mother's or child's? The real question is not whose rights are to prevail, but which rights: the right of the woman to try to alleviate her pain, or the right of the child to live? Clearly the latter. So, it is not that one person is an adult and another is a child. It is that, in general, the right to alleviate the pain of one person cannot be exercised by denying the right of another person to live.

10.Refusal to allow abortion for rape cases is not a failure of compassion. On the contrary, allowing abortion is a lack of compassion for preborn children. It is approving their murder, the violation of their most fundamental right, the right to live. Saying no to the woman is not a lack of compassion for her, but simply calling attention to what abortion really is: murder. Refusal to sanction murder is not a lack of compassion.

Many people who otherwise oppose abortion feel that the case of rape is different, and that the elements that make up this difference are sufficient to justify abortion.

First, "The woman was not given a choice. Had she freely engaged in the sexual act, she should now bear the responsibility for its consequence. But since it was forced on her, she should not be forced to continue the resulting pregnancy." In reply, if I am unjustly denied a choice, does that give me the right to kill an innocent person? I may not kill the person who denied me the choice (after the fact, as a way of trying to compensate for the denial of choice), nor may I kill a person totally innocent of unjustly denying me a choice. This is the child in the womb. {This logic is seen even by a child of twelve}

Second, "A woman should not have to endure a forced pregnancy." We must have the greatest compassion and sympathy for a woman who finds herself with an unwanted pregnancy that was forced upon her. We must support and encourage her, not destroy her innocent child. We sometimes find ourselves in situations where we are forced to do something difficult because the only alternative is to do a moral evil.

A person in a concentration camp may have the opportunity to become an informer, which means a better life for him. But it also means betraying his friends and causing them additional suffering. Morally, he is forced to remain in his present, pitiable state, rather than do a moral evil, namely betraying his friends, perhaps causing their deaths. If a woman is forced to continue a pregnancy, the case is similar in this respect, that she too is forced to remain in a pitiable state because the alternative is a moral evil, the killing of an innocent child.

Third, "It was wrong for the woman to have been raped. It is wrong that she have this child. Therefore, she can now get rid of it through an abortion. She is justified in righting this wrong by removing the result of it." It certainly was wrong that the woman was raped. And this carries over in a certain way to the presence of the child. But the conclusion, that she can now get rid of it, does not follow. The child is her child. This remains true even when the child is conceived in violent intercourse and forced on her. The reality of the child as a person, and as entrusted to the woman as her mother, remains fully intact. The woman may not get rid of the child if this means child neglect, still less if it means killing, as in abortion.

Two wrongs do not make a right: they remain two wrongs. If you are wronged by person A, you cannot turn around and do wrong to person B as a way of undoing the first wrong. For example, if you are kidnapped by A, you cannot escape by killing innocent person B. The woman has been wronged by the rapist, A. She cannot now try to undo this wrong or its effects by doing wrong to her baby, B. Innocent person B has no duty to give up her life for another, either to benefit the other or to allow the other to right a wrong. Therefore, no one may force her to do so by killing her.

Fourth, "The child is a constant reminder of the horror of the rape experience. The woman should be allowed to get rid of this reminder."

To those who advance this point: Do you really mean to say that we can kill an innocent person on the grounds that she is a reminder of some horrible event? "But the child is a reminder inside her, so intimately involved with her." True, and this means a significant psychological difference from other cases. But it is not a morally relevant difference.

The child is a reminder of a horrible, violent act: rape. This by no means allows us to destroy her by another violent act: abortion.

Fifth. "A woman has the right to defend herself against the threat to her well-being posed by the child conceived in rape." A full analysis of killing in defense will be presented later in this chapter. It will be shown that three conditions must be met before a person has the right to kill another person in self-defense: (1) It must be an extremely serious threat, such as the threat of murder. (2) There must be no other alternative, such as running away or disarming the attacker. (3) The other must be an aggressor, an unjust attacker, and not merely someone who is in some unintended way causing the first person's death.

Does a pregnancy due to rape meet all these conditions? Most important, it fails condition 3 because the child is not an aggressor. She is absolutely innocent, in no way responsible for her coming into existence at this time and under these

circumstances. It is only the rapist-father who is an unjust aggressor. Would it be right to kill him to prevent the rape? If not, then condition 1 is presumably not met. If it would be right, because this condition is met, it does not follow that it would also be right to kill the child. This is because (a) the rapist is an unjust aggressor while the child is not, and (b) because the killing would prevent the rape while the abortion would not.

Finally, condition 2 is not met because there are alternatives to abortion in case of rape, which are even better for the woman, as will be shown. Thus the appeal to self-defense cannot justify abortion for rape. Condition 3 is clearly not met - that is already sufficient. Condition 2 is also not met and 1 is doubtful.

Emotional Factors

There are valid emotional perceptions and responses, as when we feel compassion and sympathy for the woman and for the preborn child. There are also invalid emotional perceptions and responses: disgust at a child conceived in rape, and at the woman and her condition, denial and a desire to push it all aside.

If we come to recognize what these factors are, and that they are invalid, we will be able to view abortion for rape as what it really is: the unjustified killing of an innocent child, a terrible moral evil. Some of the invalid emotional factors are:

1. The desire to seek retribution against the rapist for the terrible thing he has done. As one cannot get at him directly, one tries to do so indirectly, at what is seen as "a part of him," his child. The child is attacked as a symbol of the rapist and his deed. But of course the child is not part of the rapist - no child is part of his father or mother. The association with the rapist father is completely unjust and unwarranted. The child of rape, like any other child, is completely his own person. The symbol is in the eye of the beholder - and should be removed.

2. The desire to get rid of the whole rape episode. However, abortion does not unrape a woman. In fact it adds more of the same: terrible violence against an innocent victim.

3. The desire to destroy the child because he is seen as an attacker.

4. The child is seen as "dirty" because of how he was conceived.

5. The child is "half the rapist's, therefore half evil."

Only the rapist is an attacker, only he has done something that makes it understandable that he would be considered dirty. Nothing of this logically transfers to the child. Every child is his or her own person. He certainly inherits physical and psychological traits from each of his parents, but not features such as being an aggressor or innocent. "dirty" or "clean," evil or good.

Abortion for rape is, first of all, more of the same, a horrible violence against an innocent person, unable to ward off the brutal attack. Ellen McCormack gives us "a thought to ponder a minute":

My attacker was tormented and sought peace. He didn't get it. In his attempt, however, he tore my life apart. Now I, in turn, am tormented and seek peace. Will

I get it through abortion? In my desperate search, will I make the baby suffer, have his life torn apart as mine has been? Or will I do what nobody else in the world can do? Will I sustain and nourish this baby's life? Will I keep his heart beating? Will I give him a future?³

Second, abortion does not unrape a woman. The horrible event is past, done, and cannot be undone.

Third, what if the womb had a window, so you could actually see the child? Suppose the window could be opened, and you could actually hold her?⁴ What if she could plead with you to spare her life? To spare her from the ordeal of an abortion killing? Wouldn't your heart go out to her? Isn't it morally irrelevant that she cannot be seen, or held, or that she cannot plead on her own behalf?

Fourth, what if there were a small, fully developed person inside the woman? It would not be right to kill her if she had been conceived in rape. Isn't it morally irrelevant that she is not yet fully developed?

Fifth, when the child conceived in rape is perceived as tainted, dirty, evil, etc., isn't this a prejudice? In reality, she is absolutely innocent, she is her own person, as precious as any other person. Isn't prejudice against such a child as irrational, and as morally evil, as any other prejudice?

Sixth, would you kill the born child of a rapist, if that was expected to provide a benefit similar to what is expected of abortion for rape? If not a born child, why a preborn child?

Seventh, if the idea is to destroy all vestiges of the horrible deed, one should kill the rapist who did it. If that is wrong, it is also wrong to kill a child totally innocent of the deed. Willke puts it well when he says, "Isn't it a twisted logic that would kill an innocent unborn baby for the crime of his father!"⁵

Eighth, the child is being sacrificed for the benefit of another. He has no duty to do this; it is not right to force him. Would those who favor abortion for rape volunteer their lives so that another may be benefited in a similar way? If not, is it right to force this on another person? If yes, at least they have the opportunity to make a choice; the child does not.

The Wedge

There are two fundamental reasons why we must be firm and hold steadfastly to the wrongness of abortion for rape. One is the injustice and suffering for the individual child; the other is the all-important matter of moral principle. Who will decide which circumstances are compelling? The woman, or the woman in consultation with her doctor? That means abortion on demand.

Abortion is murder. Murder is never justified, even to alleviate great pain, and even if there was a prior injustice, such as the child being forced on the woman against her will.

Objections and Replies

1. "A rape victim must not be punished by a forced pregnancy." Punishment is a response to a wrongdoer for the wrong he has done. The woman in being raped has obviously done no wrong. She is not being punished. She is only being asked to respect the life of another person, her own child; to do no violence to the child as was done to her. This burden is a suffering she must bear in order to avoid committing murder. Suffering as such is not punishment.

The suffering we must bear in order not to do evil is clearly not punishment.

2. "The woman has suffered enough." Indeed. Any suffering of a rape victim is more than should be. She is not being asked to suffer more: she is being asked not to inflict death upon her child. That carrying the child is a further suffering for her means that the original act of violence inflicted this suffering on her too. Moreover, it is not at all clear that abortion represents a mitigation of her suffering; it may well cause additional suffering, greater suffering than carrying the child to term.

3. "Aren't there any exceptions to the rule against abortion? Don't all rules have exceptions? Isn't abortion for rape an obvious example? Rules should not be followed rigidly. A humane ethics allows for exceptions, it calls for a flexible application of moral rules, as opposed to a rigid legalism." To say yes to the mother in allowing her to have an abortion as an exception is to say no to the child in agreeing to have her killed. What is called a humane exception is actually a death warrant for the child.

Killing in defense against an unjust attacker is one exception to the rule against killing. There may or may not be others. The crucial point concerns what is not an exception: killing an innocent person to try to alleviate the pain of another person. That is what the exception to the rule against killing asks for in the case of abortion for rape.

Holding fast to the principle that we may not wrong B to help A is not an inflexible rigid legalism. It is simply faithfulness to moral principle. This is clear when the principle is applied in other areas. We may not try to benefit society as a whole by denying black people their rights, or by denying women their rights. Saying no to abortion for rape is simply applying this principle consistently to the child.

Thus what may seem an inflexible or inhumane rule, the insistence that the child in the womb not be killed, that no exception be made, is actually something positive and supremely humane: the protection of an innocent person.

4. "To deny a woman an abortion even in the case of rape is an extreme position. Granted, abortion is wrong, but to go so far as to deny its legitimacy in the case of rape is going too far." The crucial question about a thesis or position is not whether it is extreme, but whether it is true. Should all innocent human persons be respected? Or only most people, almost all people, so that we do not adopt an extreme position? When it comes to respecting the civil rights of blacks, should it be most rights, of most blacks, most of the time? Or should it be all rights, of all blacks, all the time? Extreme or not, this is the only realistic moral position. The same applies to all people.

5. "Abortion is an evil but it is sometimes necessary. We must be realistic. And surely abortion for rape is a case where abortion is necessary." Realistically, to allow abortion for rape is not only to violate the right to life of the individual child involved, but also to open the door to all abortions. What is necessary is the recognition, and the putting into practice, of the two principles: equal concern for both persons, and never doing wrong to one to benefit the other.

6. "Isn't abortion a morally complex issue in the case of rape? Shouldn't the woman have a choice?" What was shown in chapter 9, that abortion is complex only in the psychological sense, that morally it is a horror, applies here as well. Abortion for rape is a clear-cut evil. This can be seen if the principle is kept in mind that the right of person B to live, not to be murdered, clearly overrides any right of person A to try to alleviate the pain and trauma of a horrible experience such as rape. Important as the degree of pain and trauma is in itself, it does not affect this principle. It is not true that a very great pain may be alleviated by doing something that violates the right of another

person to live. No pain justifies abortion. It is clear that we cannot kill the woman to alleviate the pain of another person, even a very great pain. The woman's right to live absolutely prevails. The child is no different. Her right to live absolutely prevails.

7. "If your daughter were pregnant due to rape, wouldn't you want her to have an abortion? Especially if she were very young, say twelve years old?" My personal response is no. No, I would not want her to commit murder. That would be still worse, in itself and for her, than the anguish and pain of her situation. Is this answer heartless, lacking in compassion? Not at all. It is the answer of compassion: (a) for my daughter's child, that this child not be killed, that she not be the victim of a second violence; (b) for my daughter, that she not participate in a murder, and (c) for my daughter's own psychological and physical well-being, for reasons that I will show in the next section.

I would suffer with my daughter, I would support her, I would love her all the more, I would help her in whatever way I could. I would do anything I could do; there is much I cannot do. I cannot undo the past, I cannot undo the rape. And, I cannot undo the pregnancy; I cannot agree to the murder of the child. Undoing the past is physically impossible (actually, metaphysically⁸); undoing the pregnancy is morally impossible. We should, by our free choice, abide by the second as much as we are necessitated to abide by the first.

Abortion for Rape: An Assault on the Woman

Abortion for rape is wrong because it destroys the innocent child. It is also wrong because it is an assault on the woman. It poses grave risks of harm to her, psychologically, physically, for possible future pregnancies, even for her life. Women are the second victims of abortion, in addition to their murdered babies. What is needed is a positive approach, of true understanding, loving support, and counseling. Abortion is not a solution to the problem of rape - it destroys one person and poses grave dangers for another.

The case in favor of abortion following rape is based on the assumption that it would benefit the woman. It would not be justified even if it did. That it poses, on the contrary, a grave threat to her provides an additional reason why abortion for rape is wrong.

To illustrate the reality of what abortion can do to a woman, consider an actual case, the story of Holly (not her real name). Her story is entitled, "I Had an Abortion: The Agonizing Aftermath."

I had an abortion 9- 1/2 years ago, at the age of 16. Having an abortion has caused me great pain and I've always regretted not carrying my child to term....

The abortion itself was very traumatic emotionally. I was put in a room on the maternity ward, next to the labor and delivery room where I heard a woman give birth. When I was coming out of the anesthetic, I dreamt that the doctor could put my baby back inside me and I cried out to him to please give my baby back to me.

I received no counseling afterwards and no one asked me any questions about my feelings. I left the hospital feeling very disoriented and confused.

I suffered greatly the next year and a half. Every time I saw a baby, I would mourn the one I lost and feel intense guilt.

Shortly after my abortion, I saw pictures of 10-week-old fetuses in Life magazine, and became absolutely horrified at what I had done. I would fantasize about running away to Hawaii, when I was pregnant, to escape the pressure on me to abort.

After I graduated from high school, I was hospitalized for a few days for minor surgery and saw a 15-year-old girl I knew who had just delivered a baby she gave up for adoption. I kept asking myself, "Why couldn't I have had my baby?" and almost had an emotional breakdown.

At that time, I told a priest my story and got some temporary relief from my guilt feelings. After that, I made a conscious effort to repress the whole experience and used any means I could, including drug abuse, to dull my pain.

This past year, when I became pregnant with my son and felt him move inside me, the whole experience came back to me. I was acutely conscious that I was carrying another person inside me and came to a full realization that I had allowed a child of mine to be killed inside my body.

I began to suffer horrible nightmares, insomnia, feelings of intense grief and guilt, and terror at what I had done.

I became clinically depressed, and my pain was so intense that I could hardly bear it. My depression worsened after the birth of my son, and I eventually sought psychiatric care.⁹

The story of Holly is typical of the devastating effects that an abortion can have on a woman. In discussing this topic, I shall refer principally to the work of David C. Reardon, *Aborted Women: Silent No More*, the most comprehensive book on the subject, to my knowledge. Reardon's basic thesis, that many women who have abortions suffer from them afterwards, is corroborated by numerous other works.¹⁰ Reardon's book is based on extensive research, including a detailed survey of 252 women who have had abortions, and are now members of WEBA, Women

"The trauma of abortion may have significant emotional sequelae [aftermath]. . . . Few medical subjects are as fraught with strong sociological, political, cultural, and moral implications as abortion."

C. Hall & S. Zisook, "Psychological Distress Following Therapeutic Abortion," *The Female Patient*, vol. 8, Mar. 1983, pp. 34/47-34/48

Exploited by Abortion, an organization formed to serve "as a refuge and source of spiritual and emotional healing for women who have had abortions" and "to educate the general public, and young women in particular, about the physical, emotional, and psychological side effects of abortion."¹¹ One of Reardon's most significant findings is the following:

If they had known where their lives would have been today, over 95 percent of those surveyed said they would not have chosen abortion. Asked if their lives now are better or worse because of their choice, 66 percent said that their lives are worse because of their abortions.¹²

The claim that abortion is harmful to women has recently been challenged. It has been claimed that most women do not suffer severe or long-term damage. Even if "most" do not, some do, and that is very significant! Perhaps forty percent suffer, while most do not. Perhaps only two percent suffer, in some categories. If 20 million

women have had abortions, two percent is 400,000, a very significant number.

It is said that women feel a sense of relief after abortion. That is understandable. But the relief may mask deeper emotional scars (guilt, fear, anger, depression, feelings of loss). The feeling of relief may be maintained by denial, and it may not last. "Women.. . who suffer from abortion at a subconscious level are 'walking time-bombs,' waiting to explode over situations seemingly unrelated to their previous abortions."13

Another aspect is the failure to consider long-term damage:

An abortion recorded as complication-free in a short-term study might in fact have caused long-term damage.... Short term studies of abortion complications reveal only the tip of the iceberg.... Women who may appear physically unaffected by an abortion after a one year follow-up may be found to be severely effected by the abortion as many as ten to fifteen years later.14

It is said that most women do not suffer lasting damage. Or, they are not hospitalized. But they may still suffer enormous pain at home. They may go through what Karen Sullivan describes:

I had nightmares and recurring dreams about my baby. I couldn't work my job. I just laid in my bed and cried. Once, I wept so hard I sprained my ribs. . . . I was unable to walk on the beach because the playing children would make me cry. Even the Pampers commercials would set me into fits of uncontrollable crying.15

It is said that the data on the effects of abortion on women are insufficient. True. But that involves the frightening possibility that in some categories more woman may be suffering than reported. What we know may be the tip of the iceberg. There are a number of reasons for this:

Some women do not participate in surveys and studies because they are too deeply hurt. Leaving them out creates an unrealistically positive picture. Some of those who do participate want to focus on the good part, the relief, they do not focus on their deeper feelings, the anguish, the guilt. Some may be in denial of these deeper sufferings.

Some complications which are in fact caused by abortion are not recognized as such because of lack of follow up examinations, because women hide their identities or deny they have had abortions, or because examinations that do occur do not trace complications back to their real source, the abortion. This is especially true of long-term complications.

The data are insufficient because many women who suffer are never included in the statistics:

Accurate statistics are scarce because the reporting of complications is almost entirely at the option of abortion providers. In other words, abortionists are in the privileged position of being able to hide any information which might damage their reputations or trade.16

The reason is a court mandated "Zone of Privacy":

This prohibits any meaningful form of state or federal regulation other than

broad "general requirements as to the maintaining of sanitary facilities. . . ." As a result, any laws which attempt to require that deaths and complications resulting from abortion be recorded, much less reported, are unconstitutional. Thus the only information available on abortion complications is the result of data which is voluntarily reported. Since abortionists want to hide their failures, underreporting of complications is the rule rather than the exception.¹⁷

What is unmistakably clear is that many women are hurting. What we do not know are the precise figures: How many? How severely? For how long? In what ways? We know that smoking is hazardous to health, even if precise statistics and accurate predictions in specific cases are not available. So it is with abortion. It is a terrible hazard to the well-being of women. To say that a particular woman has not suffered is to miss the point. Perhaps she has not yet suffered. Perhaps she is unaware of the root of her suffering in her abortion. Perhaps she is denying her suffering. Assume she has not suffered at all, and will not suffer. But many other women have suffered. That is the important point here, a point that Reardon's book makes abundantly clear. It is filled with facts and figures and their significance, and contains twenty-one stories of women devastated by their abortions, including that of Nancyjo Mann, founder of WEBA. These stories show that experiences like those of Holly are not isolated, but are tragedies repeated over and over again.

The conclusion is that abortion is a terrible risk for women. As we shall see, the risk is especially great for the "hard cases" such as rape. We have then another reason abortion for rape is wrong: it is a grave threat to the woman.

The following are some specific ways in which, abortion may be destructive to women.

First, psychological harm. Reardon states:

In a survey of available studies, the Royal College of Obstetricians and Gynecologists in England observed that, "The incidence of serious, permanent psychiatric aftermath [from abortion] is variously reported as between 9 and 59%." Naturally, the percentage is higher if one includes the "non-serious" and "non-permanent" aftermath.... A European study reported negative psychiatric manifestations following legal abortions in 55% of the women examined by the psychiatrists.¹⁸

Another study showed 40% suffering from nightmares and 20% from nervous breakdowns.¹⁹

Reardon reports on "one of the most detailed studies of post-abortion sequelae":

"[The women] ... were overwhelmed by negative feelings. Even those women who were strongly supportive of the right to abort reacted to their own abortions with regret, anger, embarrassment, fear of disapproval and even shame." In another paper, the same group of psychiatrists reported that when detailed interviews were performed, every aborted woman, "without exception" experienced "feelings of guilt or profound regret... All the women felt that they had lost an important part of themselves."²⁰

Abortion is intended to help and strengthen women. It may, in fact, do just the opposite. "Abortion often creates feelings of low self-esteem, feelings of having compromised values, having 'murdered my child,' and so on."²¹

Second, abortion may cause physical harm. In one study, fifty percent of the women suffered "from at least one type of physical complication" and eighteen percent "suffered permanent physical damage traceable to the procedure."²²

About ninety percent of all abortions are by suction, also known as vacuum aspiration. "A major German study found that the total morbidity rate for vacuum

aspiration abortions exceeded thirty-one percent."²³

Because the abortionist operates blindly, by sense of feel only, the cutting/suction device is potentially deadly. Perforation of the uterus is one of the most common complications.... Another common complication results from failure to extract all the "products of conception." . . . Third, as with all forms of abortion, suction curettage results in a high incidence of embolisms.²⁴

Dilation and curettage (D & C) has complications similar to suction, but they are "approximately 20% more frequent."²⁵ For later abortions things get worse.

Each year there are between 100,000 and 150,000 second and third trimester abortions. Most of these are saline abortions. The rate of "major" complications associated with saline abortion is reported to be about five times greater than for first trimester suction abortions.... In Japan, where abortion has been legalized since the 1940s, the saline abortion technique has been outlawed because it is "extraordinarily dangerous." Indeed in the United States saline abortion is second only to heart transplants as the elective surgery with the highest fatality rate.... Severe infections and hemorrhages are extremely common following saline abortions. In addition, seepage of the salt solution into the woman's blood system may result in life-threatening coagulation problems.... Furthermore, infections or uterine damage incurred during saline abortions frequently require removal of the uterus.²⁶

Third, abortion may affect future pregnancies. Abortion kills the child now present. It threatens the woman. A third potential victim is a wanted child from a later pregnancy.

Abortion poses a severe threat to the reproductive integrity of women.... Between 40 and 50 percent of all aborted women will suffer later reproductive problems.... It can be estimated that for every 100,000 previously aborted women who later attempt a wanted pregnancy, 14,329 will lose their babies. This is over four times the 3,320 losses which would be expected for a group of 100,000 non-aborted women. After subtracting out the "normal" fetal loss rate, it can be concluded that for every 100,000 pregnancies undertaken by previously aborted women, over 11,000 wanted babies will die as a direct result of latent abortion morbidity.²⁷

This danger is especially great for teenagers.²⁸

Fourth, legal abortions can lead to the woman's death. Contrary to the familiar slogan, "safe, legal abortion," which so many people assume to be true, "a woman's supposedly simple surgery can become an ordeal of nightmare proportions."²⁹

The total number of deaths from legal abortion is unknown. It is enough to know that they are occurring, and that every abortion poses a terrible risk of death for the woman.

What should be clear is that there is a major flaw in the mortality statistics for legal abortion. It is quite possible that only 5 to 10 percent of all deaths resulting from legal abortion are being reported as abortion-related. Even if 50 percent were being accurately reported, that extra margin of risk is far greater than women are being led to believe. Indeed, based on the reported abortion deaths alone, abortion is already the fifth leading cause of maternal death in the United States.³¹

There is another threat to the woman's life:

For every 100,000 aborted women who later attempt a wanted pregnancy, 12 will die as a result of obstetric complications compared to a "normal" maternal

mortality rate of 7.6 per 100,000 pregnancies. Thus, previously aborted women face a 58 percent greater risk of dying during a later pregnancy than their non-aborted sisters.³²

The evidence shows that abortion is not safer than childbirth. Abortion makes future childbearing more dangerous. It holds hazards for women: psychological, physical, even death. These examples should make it clear that abortion is not safer than childbirth. But let us look at some specific aspects of the comparison, both for complications following abortion and death from abortion:

Compared to childbirth, the morbidity rate of abortion [i.e., the rate of complications following abortion] is astronomical. For childbirth, the overall maternal morbidity rate is approximately 2 percent.... The reported immediate complication rate, alone, of abortion is no less than 10 percent. In addition, studies of long-range complications show rates of no less than 17 percent and frequently report complication rates in the range of 25 to 40 percent. One public hospital has even reported an overall complication rate following abortion of 70 percent!³³

These figures are based on reported cases. Many cases go unreported, meaning that actual morbidity rates are higher, perhaps much higher. According to one report, "the risk of long-term complications following an abortion is ten to twenty times greater than the risk of any complications following childbirth."³⁴

A careful study of the number of deaths resulting from childbirth and from abortion, was made by Thomas W. Hilgers, M.D. and Dennis O'Hare, and reported in "Abortion Related Maternal Morbidity: An In-Depth Analysis." They first note that "traditional comparisons have been seriously flawed by comparing incomparable data. In this study, adjustments have been made so that accurate reflections of the 'cases of pregnancy' can be made and compared."³⁵

They concluded: "In comparing the relative risk of natural pregnancy versus that of legal abortion, natural pregnancy was found to be safer in both the first and second 20 weeks of pregnancy."³⁶

These studies indicate that childbirth is safer for the woman. When childbirth is dangerous, it is so because of an already present condition, while the dangers of abortion come from the abortion itself. In this sense it is hardly fair to compare the two cases:

The overwhelming majority of women who die from a legal abortion are perfectly healthy before their lethal surgery; in carrying the pregnancies to term few - if any - would die. But most maternal childbirth deaths occur within a very small group of high-risk patients. Those women who died in childbirth died from a disease process - an abnormality in the pregnancy/childbirth experience which for some reason could not be adequately treated.... The death of a healthy woman from a legal abortion is totally preventable simply by not aborting. . . . The death from childbearing of that woman with a disorder is mostly unpreventable because of medical inability to understand or control the disease process which takes her life.

Therefore, even if more women who carry the child to term were to die than those who abort, this would not show that abortion is safer than childbirth. For the childbearing women who die do not die simply from childbearing but from already existing conditions in conjunction with their pregnancies. In contrast, since the vast majority of aborting woman are healthy, if they die, their deaths must be attributed to the abortion and its consequences.

Abortion can also make a future pregnancy more dangerous. Hence some of the existing conditions that can make childbearing dangerous actually come from

abortion, though the death of the woman would be counted under the childbirth statistics rather than abortion statistics.

The Deep Connection

Abortion is wrong because it is the destruction of a child. It is wrong because it is an assault on a woman. There is a deep connection between these two. The woman and the child, though absolutely distinct as individual persons, are nonetheless intimately joined together, not only physically but in a meaningful personal way. The child is entrusted to her, sheltered and secured in her being. She carries the child in herself. Abortion is a violent attack on this intimate union. The child is forcibly ripped out, against his instinctive clinging to remain in his secure resting place. In this way, abortion is also an attack on the woman. Such an attack is bound to take its toll, physically and psychologically. That abortion is bad for women is what we should expect; it would be strange if it were not so. When it seems not to be, when women say they are better off having had an abortion, one wonders whether this optimism does not mask a deeper hidden wound. Sometimes they realize it later, as Nancyjo Mann did: "The abortion killed not only my daughter; it killed a part of me."³⁸

A "Cure" that Aggravates the Disease

There is a risk for all women who abort, but especially for those who do so in the "hard" cases, such as rape. Reardon says such women "are much more likely to suffer from severe emotional and psychiatric stress after their abortion than are those who abort purely for reasons of convenience."³⁹ In general: "The more difficult the circumstances prompting abortion the more likely it is that the woman will suffer severe post-abortion sequelae."⁴⁰ This is supported by an official statement from the World Health Organization that reads: "Thus the very women for whom legal abortion is considered justified on psychiatric grounds are the ones who have the highest risk of post-abortion psychiatric disorders."⁴¹

Reardon also notes. "Within all of the psychiatric literature available, there is not one psychiatric condition for which abortion is a recognized cure. Instead, the evidence overwhelmingly indicates that true psychological problems are generally complicated and aggravated by abortion rather than alleviated by it."⁴²

Real Problem and Its Solution

What we have just seen - that abortion for rape is especially threatening to women - makes it clear that abortion is the wrong solution to the problem of rape pregnancy. It is the wrong solution because the problem is misunderstood. The problem is not the child, carrying her to term. The problem is the effect on the woman of attitudes projected on her by others.

These attitudes are rooted in the valid response of abhorrence at the rape. But then they are extended to a kind of abhorrence of the woman herself, and her child. A stigma is attached, somewhat like that in Hawthorne's novel, *The Scarlet Letter*, where a woman was stigmatized by her society by having to wear a large "A" because of her sin of adultery.⁴³ The stigma in the case of rape pregnancy "is that the woman is somehow 'tainted' or 'dirtied' as a result of her tragic experience."⁴⁴ There is also an assumption that the woman was somehow responsible, that she must have provoked the attack and could have prevented it: that "nice women don't get raped."⁴⁵ The result is a strong desire to get rid of the whole thing, to push it out of sight. There is an obvious way to do this: get rid of the visible sign of rape; abort the child.

Mahkorn expresses the real problem. It is "that the attitudes projected by others and not the pregnancy itself pose the central problem for the pregnant victim."46

The absurdity and injustice of these attitudes and assumptions cannot be too strongly condemned. The woman must be seen only as an innocent victim. Just as a child who is a victim of child abuse is not tainted or dirtied by that despicable deed, so a woman is not affected in this way. By its very nature, rape is something forced on the woman, precluding her responsibility. Rape is rape, an unspeakable crime, regardless of what leads to it. And, nice women do get raped.

We should also note that part of the problem for a woman is the pressure to abort. This tends to aggravate her problems: "Because it is likely that the victim already harbors feelings of guilt as a result of the assault, medico-social pressures which encourage and result in abortion could compound the woman's feelings of guilt and self-blame."47

*** Another part of the problem is the suggestion that the woman needs an abortion. Such an attitude "can only serve to reaffirm the sense of helplessness and vulnerability that was so violently conveyed in the act of sexual assault itself. At a time when she is struggling to regain her sense of self-esteem, such a 'take charge' attitude can be especially damaging." 48

What is needed is not the negative attempt to get rid of an embarrassment but a positive approach: support and encouragement for the woman, based on a total affirmation of her, in her present situation, with no shade of stigma, accusation, or condescension. An important part of this is encouraging her to face her situation realistically, and to talk about it. That is, we must "recognize that the victim ... [has] a real need to discuss her feelings and fears with people who ... [care] about her."49 * **

The negative feelings projected by others may be transferred to the child, who is then seen as something that should be removed.⁵⁰ To understand the real problem allows us to become free from the impulse to remove the child, who is also an innocent victim of these negative feelings.

In a typical rape case, the woman is the first innocent victim, a victim of the attacker. Then she is an innocent victim a second time, a victim of the attitudes of others that stigmatize her. The child is also drawn in, and becomes another innocent victim in this tragic scenario. If an abortion is performed, the child is again an innocent victim. Abortion for rape does not help - it only adds another innocent victim.

The real problem is not the child but the social stigma unjustly suffered by the woman. This helps us to understand why abortion for rape is especially bad for women. The woman, already weakened and devastated by the assault of the rapist, now becomes subject to another assault on her body and spirit, the assault by the abortionist. If she is pressured to have an abortion the assault is compounded. She may feel that abortion is wrong, but that she must have one to please others or do what they insist is the right thing. In this way she is again a victim of something forced on her by outside forces. Already made to feel vulnerable by the rapist, she is now made to feel vulnerable by the pressure to abort:

Abortion promises only to compound the trauma of rape with yet another experience of violence. In pursuing this course, the victim may assume to herself guilt for the entire episode. In an attempt to overcome the violation of her own

person, she does violence to another, submitting to the added humiliation of abortion. This brings no peace of mind and no healing only more pain and more regret.⁵¹

The negative social stigma also explains why there is such widespread support for abortion in cases of rape, and why it is so strong. Pro-abortion people consider it one of their strongest arguments, implying that any compassionate person must favor abortion in such cases. Many people (probably a majority) who oppose abortion as such, feel impelled to make an exception for rape. They mean to do well for the woman; tragically, what they advocate hurts not only the child but the woman as well.

The only positive alternative to abortion is support for the woman as she deals with the trauma of her experience, and as she carries the child to term. As Mahkorn puts it, "the central issue" is not abortion "but rather an exploration of the things we can change in ourselves and through community education to support such women through their pregnancies."

Curt Young summarizes these points:

"The emotional trauma of rape is not mitigated by abortion. Regardless of what the woman does once she is pregnant, she must work through her rape experience and her feelings about it in order to resolve the trauma. This does not come easily and may involve professional counseling. There is no shortcut to coming to grips with the pain. From a counseling perspective, abortion is a simplistic and presumptuous suggestion.... In the course of choosing life and sacrificing for the child within them, women have regained their self-esteem and acquired a sense of their own worth they never before possessed. In the midst of their pain they have discovered a peace they never imagined was possible."

Abortion for Incest

The first and basic moral argument against abortion for rape applies to cases of incest as well. If we realize that a child is present, if we identify with her, if we have full and equal concern for the mother and child, if we realize that we cannot kill one innocent person to try to benefit another, that we cannot do wrong to try to achieve good, then we will see clearly that abortion for incest is absolutely wrong; a clear-cut wrong, and not a legitimate exception.

The second major argument against abortion for rape - that abortion is an assault on the woman, that it is counterproductive, largely because it is based on a false picture of the actual problem - applies here as well. Reardon's argument is along these lines, and he adds certain features specific to incest pregnancies.

As with rape, abortion proponents appealed to emotional abhorrence of incest to gain support for abortion while ignoring the real needs of the victims. Abortion was simply presumed to be the best answer - at least best for society if not for the women, girls or children. Through abortion, they suggested, we could cover up these embarrassing victims of our sick society; we could destroy the "unclean" offspring of our sexual perversions. But in fact, just as with rape, there is no psychiatric evidence, nor even any theory which argues that abortion of an incestuous pregnancy is therapeutic for the victim - it is only more convenient for everyone else.

Setting aside the paternalistic attitudes with which society presumes that abortion is best for the incest victim, we must ask what do these girls themselves want? ... Almost all incest victims actually desire to keep the baby, and the

majority do! Those who do abort do so under pressure from the impregnating relative who is seeking to cover-up his crime, and even in these cases, the victims abort only with resentment.⁵⁴

Abortion of an incestuous pregnancy ... not only adds to the girl's guilt and trauma, it also frustrates her plans for escape and attention. Abortion perpetuates the "conspiracy of silence" by covering up the incest, or at least its results, and continues the family pattern of denying reality.⁵⁵

The problem the pregnant incest victim faces is not the pregnancy, it is the psychological pain of incest. Again, as with rape, it is the discrimination and superstitions of those around her which make the pregnancy difficult, not the pregnancy itself.⁵⁶

Dr. George Maloof speaks in the same vein: Whatever else we may be doing by an abortion of an incestuous pregnancy, we are promoting mental illness by not allowing the girl to accept the consequences of her own acts . . . Accepting the pregnancy can be the first step to accepting the incest and making the changes to alter the family pattern so that it can be more productive rather than withholding and destructive.⁵⁷

Abortion for the Sake of the Child, or the Family, or Society?

Abortion is usually thought of as a procedure to benefit the woman. But it is also advocated in the name of benefiting the child and others, for the sake of benefiting the family and society. For the child, there are basically three arguments: (1) "Every child should be a wanted child. We should not bring an unwanted child into the world." (2) "Abortion is justified as a preventive measure against child abuse." (3) "We should not bring a defective child into the world."

It is argued: "Every child should be a wanted child. We should not bring an unwanted child into the world. It is not fair to him; he is better off if he is not born. He will have a miserable life, rejected by his parents, unloved. For his own sake, he should be spared such a life. Abortion, in such cases, is the merciful termination of a pregnancy that, if continued, will result in an unloved, miserably unhappy child. Abortion is the only humane thing to do in such a case."¹

We must certainly have the greatest sympathy for a child who is unloved and rejected. We should do all in our power to alleviate her suffering. We should love her in a special way, and try, as far as possible, to make up for the love she has not received. These are the things we should do - not kill her by an abortion.

"We should not bring an unwanted child into the world." But the child in the womb is already in the world! The womb is part of the world. It is a part of the woman's body, and she is surely in the world. What is in the womb is just as much already in the world as the womb itself. Thus, the child in the womb is as much here as her mother. She is merely not visible to us, and we cannot interact with her. And so we overlook her. But she is as real, and as present, as the rest of us.

As noted in the previous chapter, one cannot kill innocent person B for the sake of benefiting person A. The same is true when B is the supposed beneficiary. We cannot kill B for the sake of B. The obligation to not kill a person clearly overrides the obligation to benefit a person.

A child unwanted in his preborn phase may become wanted later. How many times have we heard of women with unplanned pregnancies, on the one hand considering

abortions, on the other hand rejecting the idea of keeping the baby now and then giving him up for adoption after birth? The same child, unwanted as a baby in the womb, will then be very much wanted when he has emerged from the womb, when he can be seen and touched, when it is psychologically easier to identify with him. This is especially true when it is the pregnancy that is unwanted, and when the child is called "unwanted" because of this. There is evidence to suggest that "most women who are refused abortion will be glad that they carried the pregnancy to term."²

A child unwanted by his natural mother even after his birth may be wanted by others eager to adopt him. Thousands of couples would like to adopt babies. So few are available, and usually only after a very long waiting period. How tragic that at the same time a million and a half or more are slaughtered each year by abortion!

Perhaps an unwanted child would not want to continue living. Perhaps he would decide that life in his particular condition is not worth living. It is one thing if he decides this for himself, it is quite another if we decide this for him, if we impose this awesome life and death decision on him. How dare we force such a decision on the child, the irreversible decision that a life in an unhappy state is a life not worth living!

The person recommending abortion in such cases should ask himself how he would feel if someone else forced such a decision on him. He would want his autonomy respected. He would claim the right to make such a decision himself. The child's autonomy should also be respected, as well as his right to decide. Why is he not allowed to live until he is capable of making his own decision?

Many persons who suffered through an unhappy childhood find happiness, meaning, and fulfillment later in life, through creativity, love, and many other things. The present argument for abortion assumes that an unwanted child will be an unhappy person. This is an unwarranted assumption, and when it is removed, the pro-abortion argument collapses.

The term unwanted seems to be an adjective modifying child. It is not. The child does not change her characteristics if she is first unwanted then wanted, or the reverse. We change. We should change from unwanting to wanting people.

So the whole problem of the unwanted child is our problem. There is nothing wrong with an unwanted child, no reason why she should be destroyed. There is very much of a problem with unwanting parents and an unwanting society. The changes that are called for to solve this problem are changes in us, not changes in the so-called unwanted child, from being alive to being destroyed.

There is no such thing as an unwanted child - there are only unwanting people among those who are born.⁶

Abortion and Child Abuse

It is argued: "Abortion is necessary to prevent, or at least to minimize, the terrible evil of child abuse. Anyone who has ever witnessed the absolute horror of child abuse cannot but wish that such a child had never been born."

As in the previous type of case, we must have the greatest sympathy for a child who is a victim of child abuse. We must do all we can to stop this abomination. But to kill the child before he is born?

First, abortion is not a solution for child abuse, because abortion is itself the ultimate child abuse! Recall what has been continually emphasized, the horror of the methods of abortion, such as saline burning of the skin for one to two hours or cutting the child to pieces, and the pain these methods cause to the child. Even by other "clean and painless" methods, abortion would still be child abuse because all murder is a form of

abuse.

Second, abortion is not a solution for child abuse. It is simply false to assume that it is the unwanted child who will be abused while the wanted child will not. That is, abortion for this purpose, even if it were justified, would not be effective. "Many studies have demonstrated that the victim of child abuse is not the 'unwanted child.'"⁷ It IS the wanted child. In his study of child abuse, Edward F. Lenoski, M.D., found that "91% of the parents admitted they wanted the child they had abused. The mothers had also donned maternity clothing two months earlier than most expectant mothers."⁸ Furthermore: "A higher percentage of the abused children were named after one of the parents,"⁹ indicating that they were wanted.

Third, there is another compelling reason why abortion is not a solution for child abuse. "Instead of reducing the incidence of child abuse, the evidence shows that abortion actually increases child abuse."¹⁰ There are a number of reasons for this:

1.The abused child is reduced to an object.

The abortion mentality reinforces the attitude of treating children like objects, objects that can be wanted or unwanted according to whether or not "it" satisfies parental needs ... What aborters and abusers have in common. . . is "the assumption that the rights, desires, and ideas of the adult take full precedence over those of the child, and that children are essentially the property of parents who have the right to deal with their offspring as they see fit, without interference."¹¹

2.The abused child is a victim of the result of guilt. "Aborted women frequently feel guilt, and 'guilt is one of the major factors causing battering and infanticide.' This guilt results in 'intolerable feelings of self-hatred, which the parent takes out on the child.'"¹²

3.The abused child is a victim of the result of lowered self-esteem. "Child abusers almost invariably have a significant lack of self-esteem. Since lowered self-esteem is a well-documented aftermath of abortion, the experience of abortion may help shape an emotional environment which is conducive to the battering of other or later children."¹³

Lenoski states that if the mother sees a resemblance of herself in her child, and if "the mother has very little self-esteem, she will see in the baby a reflection of the low self-esteem she feels toward herself,"¹⁴ making the child a potential victim of the bad feelings the mother has for herself.

4.The abused child is a victim of the result of failures in bonding. Dr. Philip C. Ney, an authority on child abuse, explains:

It would appear that those who abort their infants at any stage of pregnancy interrupt a very delicate mechanism and sever the developing bond that is critical for the infant's protection against the mother's carelessness or rage. It is hypothesized that, once bonding is interrupted in the primipara, there are long-lasting psychological changes which make it more difficult for the same bond to develop in subsequent pregnancies. For this reason, it is likely that abortion contributes to bonding failure, an important cause of child battering. Consequently, as rates of abortion increase, rates of battering will increase proportionately.¹⁵

5.The abused child is a victim of the results of marital stress.

The marital stress caused by abortion increases family hostilities and thus heightens the possibility of violent outbreaks. If the father felt left out of the abortion decision or only resentfully agreed to the abortion, or if the woman felt pressured into the abortion by her mate, deep feelings of resentment and

violation of trust might cause frequent eruption of emotions. In the heat of such parental disputes, children are likely to get caught in the crossfire, objects of release for the pent-up rage of adults.¹⁶

6. The abused child is a victim of the results of abortion, because, as Dr. Ney states:

1. Abortion decreases an individual's instinctual restraint against the occasional rage felt toward those dependent on his or her care.
2. Permissive abortion diminishes the social taboo against aggressing the defenseless.
3. Abortion increases the hostility between generations.
4. Abortion has devalued children, thus diminishing the value of caring for children.¹⁷

That abortion actually increases child abuse is tragically borne out by statistics.

Since Roe v. Wade, child abuse has increased proportionately with the skyrocketing rate of legal abortions. The same pattern of increased child battery following legalization of abortion has also been observed in many other countries, including Canada, Britain, and Japan. During 1975 alone, the rate of child battery in New York increased 18 to 20 percent, leading to estimates that during the 1980s there would be 1.5 million battered children, resulting in 50,000 deaths and 300,000 permanent injuries.¹⁸

Other sources reveal a similar, or worse, picture of violence against children. Anne H. Cohn, executive director of the National Committee for the Prevention of Child Abuse, speaking at Brown University, March 8, 1989, told the audience that "about 2.25 million child abuse cases were reported last year, half of which required some form of treatment; 1,130 deaths were attributed to child abuse last year; the number of reported cases has risen 50 percent in the last 5 years."¹⁹

Abortion and child abuse go together. Each represents the loss of reverence for a human person, the willingness to use violence against him. Even when abortion and child abuse are not practiced by the same persons, they are manifestations of the same underlying attitude of loss of respect for human persons, and thus they tend to exist together. Again, abortion is not a solution to the terrible problem of child abuse; it is part of that problem.

Abortion for the Sake of the Family

Abortion is sometimes advocated for the sake of family welfare. "We cannot take care of another child. It would not be fair to the other children." These, and other similar reasons, may be valid for not bringing another child into existence. But once a child is there? We have only to remember that the child in the womb is already there, as much as any born child. She is just as real as a born child and should be treated in the same way.

Abortion is bad because it represents frightening hazards for women, physically and psychologically. It is bad because of its effects on other children. It is bad because of its effects on the family structure. It is bad because of its effects on men. Abortion is bad because of its effects on human relations.

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IDENTIFYING HIGH RISK ABORTION PATIENTS

David C. Reardon, Ph.D.

While there is intense controversy regarding how many women experience post-abortion psychological problems, even pro-abortion researchers admit that at least some women are negatively effected. According to the disposition of the individual researcher, these negative reactions may be loosely labeled as "serious," "significant" or "minor" and the number of women experiencing these reactions may be vaguely described as "many," "some" or "only a few."

RISK FACTORS PREDICTING POST-ABORTION PSYCHOLOGICAL SEQUELAE ***

I. CONFLICTED DECISION

A. Difficulty making the decision, ambivalence, unresolved doubts^{1,2,11,14,16,17,19,23,27,30,36,39,40}

How well a person copes with this stress depends on the individual's resiliency and the conditions under which the stress occurs. When a woman's psychological state is already fragile, the stress of an abortion can more easily overwhelm her. But the fact that she was more vulnerable to stress than others does not mean that the abortion is not the cause of her psychological injuries.

In the same way, while the nature of an individual psyche determines the extent of post-abortion injuries, it is the abortion itself which is the direct cause of these injuries.

The risk factors for post-abortion psychological maladjustments can be divided into two general categories. The first category includes women for whom there exists significant emotional, social, or moral conflicts regarding the contemplated abortion. The second category includes women for whom there are developmental problems, including immaturity, or pre-existing and unresolved psychological problems. Women with characteristics in either or both of these categories would properly be classified as high risk patients.

Conversely, a low risk patient can be described as a woman who has maturely, thoughtfully, and freely arrived at her abortion decision and has no emotional, social, or moral conflicts which challenge that decision.

c. Feelings of shame or social stigma attached to abortion¹

3. Second or third trimester abortion,^{20,31,32,36} which generally indicates strong ambivalence or a coerced abortion of a "hidden" pregnancy.

B. Feels pressured or coerced^{11,12,14,27,33,35,39,40}

1. Feels pressured to have abortion

a. By husband or boyfriend

b. By parents

c. By doctor, counselor, employer, or others

2. Feels decision is not her own, or is "her only choice"¹⁴

3. Feels pressured to choose too quickly^{13,18}

C. Decision is made with biased, inaccurate, or inadequate information^{13,35,36}

II. PSYCHOLOGICAL OR DEVELOPMENTAL LIMITATIONS

Adolescence, minors having an increased risk^{3,9,12,13,23,26,32,35}

A history of sexual abuse or sexual assault.^{17,25,38}

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FEELING PRESSURED INTO AN ABORTION

The first high risk category includes women who feel pressured to choose abortion in order to comply with the needs or wishes of others.^{14,16} This is especially true if the "wishes" of others are experienced as coercion, whether subtle or overt, such as threatening to withhold love or approval unless she "does the best thing."^{6,14}

Even lack of emotional support to keep a pregnancy may be experienced as a pressure "forcing" a woman to choose abortion.^{5,14,20} In addition, pressure from adverse circumstances, such as financial problems, being unmarried, social problems, or health problems may also make a woman feel she is being "forced" to accept abortion as her "only choice."

It is noteworthy that the two criteria for high risk abortion patients -- feelings of being under pressure to abort and feelings of ambivalence -- are typical of women who abort for reasons of physical health,¹⁴ psychological health,^{6,14} fetal malformation,² rape or incest.^{10,14}

Indeed, when viewed within the frame work of high-risk criteria, all of the categories typically associated with "hard case" abortions are actually contra-indications for abortion. While there are many reasons for this, a simplified explanation is that the harder the circumstances which a pregnant woman faces, the more she feels "forced" into a decision which is not freely her own.

WHAT WOMEN SUFFER

Researchers investigating post-abortion reactions report only one positive emotion: relief. This emotion is understandable, especially in light of the high degree of pressure aborting women feel to "get it over with."^{5,14}

Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional "paralysis," or post-abortion "numbness."⁷ Like shell-shocked soldiers, these aborted women are unable to express or even feel their own emotions. Their focus is primarily on having survived the ordeal, and they may be, at least temporarily, out of touch with their feelings.

Studies within the first few weeks after the abortion have found that between 40 and 60 percent of the women questioned reporting at least some negative reactions.^{1,14,19} In one study of 500 aborted women, researchers found that 50 percent expressed negative feelings, and up to 10 percent were classified as having developed "serious psychiatric complications."⁶

Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of a temporary or permanent nature, which appear immediately after their abortions.^{5,14} These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous lifestyle.

Up to 33 percent of aborted women develop an intense longing to become pregnant again in order to "make up" for the lost pregnancy, with 18 percent succeeding within one year of the

abortion.^{15,13,18} Unfortunately, many women who succeed at obtaining their "wanted" replacement pregnancies discover that the same problems which pressured them into having their first abortion still exist, and so they end up feeling "forced" into abortion the second time as well.

DENIAL OF REALITY

While many high-risk women will begin experiencing negative emotional and behavioral patterns soon after their abortions, these problems are frequently blamed on people, situations, or circumstances other than the abortion. This is typical occurs during a period of denial which commonly follows a traumatic abortion experience.

During this time, the high-risk woman may go to great lengths to avoid people, situations, or events which she associates with her abortion. She may even become vocally defensive of abortion in order to convince others, and mostly herself, that she made the right choice and is satisfied with the outcome. But later, when seeking counseling for seemingly unrelated reasons, this woman may discover that her psychological difficulties stem from a traumatic abortion which she had repressed.

Repressed feelings can result in psychological and behavioral difficulties which exhibit themselves in unpredictable ways. One example of seemingly unrelated problems can stem from repressed feelings is found in the increased occurrence of eating disorders such as anorexia nervosa and bulimia among aborted women.¹⁵ In some cases, counseling for a traumatic abortion experience can lead to a dramatic recovery from anorexia nervosa.⁹

Denial and repression may last for years, or even decades, until some event finally triggers a "crisis" which forces a woman to confront her unresolved feelings. Numerous researchers have reported that post-abortion crises are often precipitated on the anniversary date of the abortion or the unachieved "due date."^{11,14,18} Reproductive experiences such as the birth of a later child, miscarriage, or unsuccessful attempts to get pregnant, are also frequently associated with precipitating a delayed post-abortion crisis. Some women, who would otherwise appear to have been satisfied with their abortion experience, are reported to enter into emotional crisis decades later with the onset of menopause or after their youngest child leaves home.³

SELF DESTRUCTIVE BEHAVIOR

Women who have undergone post-abortion counseling report over 100 major reactions to abortion. Among the most frequently reported are: depression, loss of self-esteem, self-destructive behavior, sleep disorders, memory loss, sexual dysfunction, chronic problems with relationships, dramatic personality changes, anxiety attacks, guilt and remorse, difficulty grieving, increased tendency toward violence, chronic crying, difficulty concentrating, flashbacks, loss of interest in previously enjoyed activities and people, and difficulty bonding with later children.¹⁵

Among the most worrisome of these reactions is the increase of self-destructive behavior among aborted women. In a survey of over 100 women who had suffered from post-abortion trauma, fully 80 percent expressed feelings of "self-hatred." In the same study, 49 percent reported that they began to use or increased their use of drugs and 39 percent began to use or increased their use of alcohol. Approximately 14 percent described themselves as having become "addicted" or "alcoholic" after their abortions. In addition, 60 percent reported suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times.¹⁵ Suicide counseling services have reported that a exceptionally high number of their clients are aborted women, especially among women between the ages of 15 and 24.^{4,14}

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<p><i>Rape, Incest and Abortion: Searching Beyond the Myths</i> David C. Reardon, Ph.D.</p>

"How can you deny an abortion to a twelve-year-old girl who is the victim of incest?"

But in fact, the welfare of the mother and child are never at odds, even in sexual assault cases. Both the mother and child are helped by preserving life, not by perpetuating violence.

The reason most people reach the wrong conclusion about abortion in cases of rape and incest is that the actual experiences of sexual assault victims who became pregnant are routinely left out of the debate. Most people, including sexual assault victims who have never been pregnant, are therefore forming opinions based on prejudices and fears which are disconnected from reality.

For example, it is commonly assumed that rape victims who become pregnant would naturally want abortions. But in the only major study of pregnant rape victims ever done, Dr. Sandra Mahkorn found that 75 to 85 percent chose against abortion.¹ This evidence alone should cause people to pause and reflect on the presumption that abortion is wanted or even best for sexual assault victims.

Several reasons are given for not aborting. First, approximately 70 percent of all women believe abortion is immoral, even though many also feel it should be a legal choice for others. Approximately the same percentage of pregnant rape victims believe abortion would be just another act of violence perpetrated against their bodies and their children.

Second, some believe that their child's life may have some intrinsic meaning or purpose which they do not yet understand. This child was brought into their lives by a horrible, repulsive act. But perhaps God, or fate, will use the child for some greater purpose. Good can come from evil.

Third, victims of assault often become introspective. Their sense of the value of life and respect for others is heightened. They have been victimized, and the thought that they in turn might victimize their own innocent child through abortion is repulsive.

Fourth, at least at a subconscious level, the victim may sense that if she can get through the pregnancy, she will have conquered the rape. By giving birth, she can reclaim some of her lost self-esteem. Giving birth, especially when conception was not desired, is a totally selfless act, a generous act, a display of courage, strength and honor. It is proof that she is better than the rapist. While he was selfish, she can be generous. While he was destroying, she can be nurturing.

If giving birth builds self respect, what about abortion? This is a question which most people fail to even consider. Instead, most people assume that an abortion will at least help a rape victim put the assault behind her and go on with her life. But in jumping to this conclusion, the public is adopting an unrealistic view of abortion.

Abortion is not some magical surgery which turns back time to make a woman "un-pregnant." Instead, it is a real life event which is always very stressful and often traumatic. Once we accept that abortion is itself an event with ramifications on a woman's life, then we must carefully look at the special circumstances of the pregnant rape victim. Will an abortion truly console her, or will it only cause further injury to her already bruised psyche?

In answering this question, it is helpful to begin by noting that many women report that their abortions felt like a degrading and brutal form of medical rape.² This association between abortion and rape is not hard to understand.

<p>Abortion involves a painful examination of a woman's sexual organs by a masked stranger who is invading her body. Once she is on the operating table, she loses control over her body. If she protests and asks for the abortionist to stop, she will likely be ignored or told: "It's too late to change your mind. This is what you wanted. We have to finish now." And while she lies there tense and helpless, the life hidden within her is literally sucked out of her womb.</p>

The difference?

In a sexual rape, a woman is robbed of her purity; in this medical rape she is robbed of her maternity.

This experiential association between abortion and sexual assault is very strong for many women. It is especially strong for women who have a prior history of sexual assault, whether or not she is presently pregnant as the result of an assault.³ This is just one reason why women with a history of sexual assault are likely to experience greater distress during and after an abortion than other women.

Second, research shows that after any abortion, it is common for women to experience guilt, depression, feelings of being "dirty," resentment of men, and lowered self-esteem.

What is most significant is that these feelings are identical to what women typically feel after rape. Abortion, then, only adds to and accentuates the traumatic feelings associated with sexual assault. Rather than easing the psychological burdens of the sexual assault victim, abortion adds to them.

Georgia Early struck at the heart of the matter when she said that;
"When incest is involved, allowing abortion in pregnancy cases of minors tends to compound the exploitation of the innocent victim and protect the perpetrator from exposure so that he may continue his illegal and immoral acts without fear of discovery."

"To rehabilitate child abusers, it is necessary to work on their feelings of self-esteem, their memories of themselves being abused as children, and to get them to see their own children in a new way. Abortion sidesteps this very involved process because the child incestuously pregnant is taken for an abortion and then returned to the home where the abuse occurred. Abortion also perpetuates the generational violence where the abused child becomes the child abuser."

[25] Georgia Early. "Incest, Sexual Child Abuse and Abortion." Life Advocate, May/June 1980.

Fetal abnormalities as a result of incest?

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Swedish psychiatrist Dr. Carl Olstrom has heavy experience in the study of fetal deformities resulting from incest, and says that "There is no evidence to support the assumption that children resulting from incestuous relationships [with a father or mother] run a greater risk of being malformed than other children."

Carl Henry Olstrom, M.D. Medical World News, February 4, 1967.

However, three much smaller studies showed serious birth defects in up to one-fourth of all children that were a product of bloodline incest, an incidence that is about fifteen times the expected normal frequency.

Mary Meehan. "Facing the Hard Cases." Human Life Review, Summer 1983, pages 19 to 36.

From the standpoint of pure eugenics, we must ask ourselves two questions; (1) "Are handicapped people as valuable as those who are not handicapped?," and, if the answer to the first question is "No," we must ask ourselves the second question: "Are we willing to kill a minimum of three perfectly healthy children for every one that may have a handicap?"

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Abortion is just as inept a solution for incest as it is for rape or any other reason -- especially from the psychological point of view. Incest expert R. Bruce Sloan, M.D., states that "The psychiatric basis for terminating the life of an unborn baby incestuously conceived has absolutely no scientific merit and derives from a blind adherence to a legal formulation espoused by abortion promoters now including organized psychiatry."

R. Bruce Sloan, M.D. *New England Journal of Medicine* . Quoted in G. Maloof, M.D., "The Consequences of Incest." *The Psychological Aspects of Abortion* . University Publications of America, 1979, page 74.

Abortion As a Coverup for Incest. Abortion is the best possible coverup for incest. Perhaps this is why groups of organized pedophiles and pederasts -- including the North American Man-Boy Love Association (NAMBLA) -- are stridently pro-abortion. NAMBLA insists that taboos against incest are 'antiquated' and 'outmoded.' [15] There is absolutely no reason for an organization consisting of child molesters to advocate abortion except to cover up the most damning evidence of their crimes.

"Opponents of abortion rights walk a fine line within their own movement when they condone any abortion. Based on their own definition, they are guilty of being accessories to "murder" in certain circumstances by accepting rape and incest exceptions."

-- 'Religious' Coalition for Abortion Rights.

A final thought:

"There is always an easy solution to every human problem -- neat, plausible, and wrong."

-- H.L. Mencken.